Care Plan Part II: Child Description

Name_____ **Nickname**_____ **DOB**_____

Child's Assets & Strengths_____

Vital Sign (baselines)

Ht_____ Wt_____ Temp_____ Other_____

Challenges (check all that apply, please explain on lines below)

- ❒ Behavioral
- ❒ Communication
- ❒ Feed & Swallowing
- ❒ Hearing/Vision
- ❒ Learning
- ❒ Orthopedic/Musculoskeletal
- ❒ Physical Anomalies
- ❒ Sensory
- ❒ Stamina/Fatigue
- ❒ Respiratory
- ❒ Other_____
- ❒ Other_____

Procedures/foods/activities to be avoided:

Prior surgeries/procedures:

_____ Date _____ _____ Date _____

_____ Date _____ _____ Date _____

_____ Date _____ _____ Date _____

Most recent labs/diagnostic studies:

Labs _____ EEG _____

_____ EKG _____

_____ X-rays _____

Drug levels _____ C-Spine _____

_____ Other _____

_____ Other _____

MRI/CT _____

Source: Center for Medical Home Improvement, Hood Center for Children & Families, Children's Hospital at Dartmouth-Hitchcock Medical Center

Care Plan Part II: Child Description

Equipment/appliances/assistive Technology

Please check all that apply and use the lines below to explain:

- ❒ Gastrostomy
- ❒ Tracheostomy
- ❒ Suction
- ❒ Nebulizer
- ❒ Adaptive Seating
- ❒ Communication Device
- ❒ Monitors: (✓) __Apnea __O2 __Cardiac__Glucose
- ❒ Wheelchair
- ❒ Orthotics
- ❒ Crutches
- ❒ Walker
- ❒ Other_____

_____

_____

_____

_____

School System/Child Care: **Contact Person/Role:** **Phone:**

_____

_____

_____

_____

Family Information:

Caregivers_____

Siblings_____

Other important facts _____

_____

_____

Special Circumstances/Comment/What you would like us to know

_____

_____

_____

_____

_____

_____

_____ _____

Parent /Caregiver Signature & Date **Primary Care Provider Signature & Date**

Source: Center for Medical Home Improvement, Hood Center for Children & Families, Children's Hospital at Dartmouth-Hitchcock Medical Center